

Samples
of
Student Employment
Documentation

June 2004

SAMPLE

Cooperative Education--Weekly Time Card

Public School District: _____ Name of Teacher/Coordinator: _____

Phone Number: _____ E-mail of Teacher/Coordinator: _____

Name of School: _____

Address: _____

City, State, and Zip: _____

Name of Student: _____

OJT Release Periods from School: _____

Social Security No: _____ Job Placement: _____

Name of Company: _____

Address of Company: _____

City, State, and Zip: _____

Supervisor's Name: _____ Title: _____

Student's Signature: _____

Date of Birth: _____ Age of Student: _____

WEEK of _____ to _____

| Day | Arrive | Leave | Hours Worked |
|-----|--------|-------|--------------|
| M | | | |
| T | | | |
| W | | | |
| Th | | | |
| F | | | |
| S | | | |
| S | | | |

Signature of Supervisor _____

Name of Student: _____
 Student's Home Phone Number: _____
 Training Agency: _____
 Agency Phone Number: _____
 Type of Training: _____
 Assigned Hours: _____

[illegible]

Total Hours: _____

Date _____

SAMPLE

Cooperative Education—Monthly Time Card

| | |
|---|------------------------|
| Public School District: | |
| Name of Teacher/Coordinator: | |
| Telephone/E-mail of Teacher/Coordinator: | |
| Name of School: | |
| Address: | |
| City, State and Zip: | |
| Name of Student: | |
| OJT Release Periods from School: | |
| Social Security No.: | |
| Job Placement – Name of Company: | |
| Address of Company: | |
| City, State and Zip: | |
| Supervisor's Name: | |
| Title: | |
| Student's Signature: | |
| Date of Birth: | Age of Student: |

MONTH

| Day | Arrive (Time) | Leave (Time) | Hours Worked |
|-----|---------------|--------------|--------------|
| M | | | |
| T | | | |
| W | | | |
| Th | | | |
| F | | | |
| S | | | |
| S | | | |
| N | | | |
| T | | | |
| W | | | |
| Th | | | |
| F | | | |
| S | | | |
| S | | | |
| M | | | |
| T | | | |
| W | | | |
| Th | | | |
| F | | | |
| S | | | |
| S | | | |
| M | | | |
| T | | | |
| W | | | |
| Th | | | |
| F | | | |
| S | | | |

Signature of Supervisor _____
PRINT name of Supervisor here _____

** Attach one check stub for pay period to this time card for official audit

SAMPLE

Cooperative Education - Child Labor Law Hazardous Occupation Form

| LAST NAME | FIRST NAME | MI | SOCIAL SECURITY NUMBER | DATE OF BIRTH |
|-----------|------------|----|------------------------|---------------|
| | | | | |
| SCHOOL | | | TRAINING PROGRAM | |
| | | | | |

Circle the bullet denoting the hazardous occupation(s) for which the exemption applies:

- On any scaffolding, roof, superstructure, residential or nonresidential building construction, or ladder above six (6) feet
- In the operation of power-driven woodworking machines
- In the operation of power-driven metal forming, punching, or shearing machines
- Slaughtering, meat packing, processing, or rendering except as provided in 29 C.F.R. part 570.61(c)
- In the operation of power-driven paper products and printing machines
- Excavation operations
- Working on electric apparatus or wiring
- Operating or assisting to operate: (including starting, stopping, connecting or disconnecting, feeding, or any other activity involving physical contact associated with operating) a tractor over 20 PTO horsepower, any trencher or earth moving equipment, fork lift, or any harvesting, planting, or plowing machinery, or any moving machinery.

In accordance with Section 450.061(2) F.S., the undersigned attests to the following:

- (1) That the student learner is enrolled in a youth vocational training program under a recognized state or local educational authority.
- (2) That the work of the student learner in the occupation declared particularly hazardous is incidental to the training received.
- (3) That the work performed shall be intermittent and for short periods of time and under the direct and close supervision of a qualified and experienced person.
- (4) That the safety instructions shall be given by the school and correlated by the employer with on-the-job training.
- (5) That the student has a schedule of organized and progressive work processes to perform on the job.

| | | |
|--|---------------------------------|------|
| PRINT OR TYPE STUDENT'S NAME | STUDENT'S SIGNATURE | DATE |
| PRINT OR TYPE PARENT/GUARDIAN'S NAME | PARENT/GUARDIAN'S SIGNATURE | DATE |
| PRINT OR TYPE EMPLOYER'S NAME | EMPLOYER'S SIGNATURE | DATE |
| PRINT OR TYPE TEACHER/COORDINATOR'S NAME | TEACHER/COORDINATOR'S SIGNATURE | DATE |
| PRINT OR TYPE PRINCIPAL'S NAME | PRINCIPAL'S SIGNATURE | DATE |

(A copy of this agreement shall be maintained by the employer and the school)

SAMPLE

Cooperative Education—Employment Contact Form

Name of Student: _____
Program: _____
Teacher/Coordinator: _____

Dates of Employment: _____

PLEASE PRINT ALL INFORMATION BELOW

Job Information

Job Title: _____

Name of Company/Business: _____

Address: _____

Phone No: _____

Contact person: _____

How did you learn about the opening of this job?

Action Taken:

Interview Scheduled: ____ Y or N Date: _____ Time: _____

Name of Interviewer: _____

Letter of application sent: ____ Y or N Date: _____

Phone Number: _____

Date called: _____

Outcome: _____

Follow-up action needed:

Program Title _____ **Teacher** _____

Training stations should be visited at least once every four weeks. (No less than every second visit should include an observation of the student engaged in on-the-job training experiences.)

**SAMPLE
COOPERATIVE EDUCATION (COOP)
STUDENT TIME/WAGE REPORT**

Student Name _____ Due Date _____ Rate of Pay _____

Training Station Manager/Employer _____

Program Title _____ Teacher _____

Student: This time/wage report must be signed by your training station manager/ employer and turned in each Monday following the training week to the teacher of your related instruction class.

List things you did or learned this week:

1. _____
2. _____
3. _____

| Date | Day of Week | Start Time | End Time | Regular Hours | Overtime Hours | Total Hours | Weekly Earnings |
|---------------|-------------|------------|----------|---------------|----------------|-------------|-----------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| TOTALS | | | | | | | |

| | |
|---|--|
| <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Training Station Manager/Employer's Signature | <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Date |
| Optional Comments: _____ | |
| | |
| | |

14-15 year olds: Maximum of 3 hours/school day; 8 hours/non-school day
 Maximum of 18 hours/school week; 40 hours/non-school week

16-17 year olds: Recommended maximum of 4 hours/school day; 8 hours/non-school day
 Recommended maximum of 30 hours/school week; 40 hours/non-school week

Classroom attendance is in addition to on-the-job training attendance.

SAMPLE

**COOPERATIVE EDUCATION (COOP)
LIST OF STUDENTS IN THE PROGRAM
PROGRAM AREA/SCHOOL**

| Student's Name | Social Security Number | Date of Birth | Student Job Title | Work Based Site | Site Supervisor | Phone Number | Dates of Employment |
|-----------------------|-------------------------------|----------------------|--------------------------|------------------------|------------------------|---------------------|----------------------------|
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |
| 8. | | | | | | | |
| 9. | | | | | | | |
| 10. | | | | | | | |
| 11. | | | | | | | |
| 12. | | | | | | | |
| 13. | | | | | | | |
| 14. | | | | | | | |
| 15. | | | | | | | |

Sample

Student's Work Report *Wisconsin's Cooperative Education Skill Standards* *Certificate Program*

(to be filled out by the student)

| | | | |
|---|------------------|-------------|----------------|
| Student Learner | Report Number | Report Date | |
| Employer | Workplace Mentor | | |
| Pay Stub Date | Hourly Rate | Gross Pay | |
| SCHEDULE | | | |
| Day | Work Hours | Break Time | Daily Earnings |
| Monday | | | |
| Tuesday | | | |
| Wednesday | | | |
| Thursday | | | |
| Friday | | | |
| Saturday | | | |
| Sunday | | | |
| COMMENTS: <i>Use the back of this sheet, if necessary, for all comments.</i> | | | |
| 1. What did you learn new on the job this week? | | | |
| 2. What safety issues need to be addressed at your workplace? | | | |
| 3. Any comments regarding your supervisor or co-workers? | | | |
| 4. Activities you enjoyed on your job this week? | | | |
| 5. Tasks you did not enjoy on your job this week? | | | |
| 6. Tasks that directly related to classroom learning? | | | |
| 7. Other comments? | | | |